PLACER COUNTY AIR POLLUTION CONTROL DISTRICT

ADDITIONAL TECHNICAL INFORMATION COATING OPERATION

1.	Company Name:						
2.	Operating Schedule:						
	a.	Maximum Hours of Operation per day:					
	b.	Maximum Hours of Operation per quarter:					
3.	Equipment Location Drawing - Submit a drawing or sketch which shows at least the following:						
	a.	The property involved and outlines of all buildings. Identify property lines plainly, and indicate building heights(s).					
	b.	Location and identification of the coating application equipment on the property. Show vent or stack for the applicator ventilation system.					
4.	Description of Processes						
	a.	Provide a written description of the process, equipment, and ventilation and exhaust systems on a separate page.					
	b.	Provide a process flow black diagram showing the application equipment in relation to other process equipment and the flow of the raw material or product on a separate page.					
5.	App	lication Method:					
	 ☐ High Volume Low Pressure (HVLP) ☐ Low Volume Low Pressure (LVLP) ☐ Electrostatic ☐ Flow Coat ☐ Dip Coat ☐ Roll Coat ☐ Others, please List						

	If "yes", indicate the following:						
	b. Sp c. Nu d. Siz e. Exl 1. 2. 3. f. En	ray boot mber of e of eac naust fa Num Moto Fan closure	filters: ch filter: ns ber: or horsepower: _ Diameter: outside dimensi	ons: leng		height	
7.	g. Ma Coating a			iniiai pressure u	Top across liners): Dires	S Ц IVO	
	month. If	volume of materials used in se types in the blank rows nts, and maximum usage r					
	SPECIFIC MATERIAL		GAL. USED /YEAR OR	GAL. USED /MONTH	TYPICAL PRODUCT BRAND NAME & ID #	VOC CONTENT	
	CLEAR TOPCOATS						
	CONVERSION VARNISH						
	FILLER						
	HIGH-SOLID S	TAIN					
	MOLD-SEAL COATING						
	MULTI-COLOR COATING	ED					
	PIGMENTED COATING						
	SEALER						
	LOW SOLID ST TONERS & WASHCOATS	,					
	SURFACE PRE	:P &					
	UNDERCOATE	R					
	PRIMER						
	OPAQUE STAI	NS					
	ENAMELS						

Spray Booth(s): ☐ Yes ☐ No

6.

	SPECIFIC MATERIAL	GAL. USED /YEAR OR	GAL. USED /MONTH	TYPICAL PRODUCT BRAND NAME & ID #	VOC CONTENT				
	VARNISHES								
	SHELLAC								
	CONTACT CEMENT								
	OTHER ADHESIVES								
	THINNER								
	TOTAL ESTIMATED USAGE								
8.	3. Are the products heat cured? ☐ Yes ☐ No								
	If "Yes", how is it heat cured?								

If "Yes", how are the products glued? _____

Are the products glued together? \square Yes \square No

9.